

*****This form is required IN ADDITION to your child's immunization record*****

Dear Parents,

We are required by the Colorado Department of Human Services to have a statement of health status for each child that is enrolled in the Primary and Child Care programs.

For students who are ages 3 – 6, we must have this form renewed each year.

For students who are in our Child Care Programs and who are older than 6 years of age, this form must be renewed every 3 years.

Please schedule an appointment with your child's physician and take this form with you. Make sure the Doctor signs the attached form and provides the date of the most recent exam.

If your child has had a physical within the timeframe stated above, your doctor may already have a form that can be submitted.

The required verification can be faxed to our school at **720-710-9971**. If your Dr. is going to fax verification, please follow-up with us. It is ultimately your responsibility to get this information to us.

Failure to submit the required verification within 30 days of start date of school OR within 30 days of the previous form expiring, will result in being excluded or dis-enrolled from the Preschool, Kindergarten, and/or Child Care programs.

As always, if you have any questions, please contact me at **720-531-3307**.

Becca Schrank
Health Assistant, DCS Montessori Charter School
Email: Health@dcsmontessori.org

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CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT
IN A PRESCHOOL AND/OR CHILD CARE FACILITY

The preschool and/or child care facility must obtain for every child who enrolls in child care programs a signed and dated statement of the child's abilities and/or limitations to participate in a regularly scheduled preschool and/or child care program.

This report is to be filled out by a licensed physician or other health care professional that has seen the child in the last twelve months (Preschool & Kindergarten).

This report is to be filled out by a licensed physician or other health care professional that has seen the child in the last three years (1st grade and older) for students enrolled in our child care programs.

Name of Facility: DCS Montessori Charter School Type of Facility: Preschool and Child Care Center
Address of School: 311 Castle Pines Parkway, Castle Pines, Colorado 80108
Telephone number: 720-531-3311 Fax number: 720-710-9971

Child's Name: _____ Sex _____ Date of Birth _____

Date of my most recent examination of the child: _____

Identified Health Conditions/Chronic Health Problems: _____

Medications prescribed: _____

Prescribed routine: _____

Special Diet Restrictions: _____

Developmental Concerns: _____

Describe any physical condition requiring the facility's special attention: _____

Additional Comments: _____

Signature of licensed physician or other health care provider Date

Name of Physician / Health Care Professional: _____

Address: _____

Phone Number: _____